

24/48 HOUR REPORT OF INDEPENDENT EXPENDITURES
(Schedule E)

 PAGE 1 OF 7
 FOR SE OF FORM 24/48

NAME OF COMMITTEE (In Full) Make DC Listen			FEC IDENTIFICATION NUMBER ▼ C C00570739		
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on M M M / D D D / Y Y Y Y Y Y					
Full Name of Payee Make DC Listen			Date of Public Distribution/Dissemination 07 / 04 / 2015		
Mailing Address 824 S Milledge Ave Ste 101			Amount 35.00		
City Athens State GA Zip Code 30605		Transaction ID : E69DC6CA4F3CE4CB4B68			
Purpose of Expenditure Donation Processing		Category/Type 		Date of Disbursement or Obligation 07 / 04 / 2015	
Name of Federal Candidate Ted Cruz			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:		
Calendar Year-To-Date Per Election for Office Sought 65569.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
Full Name of Payee Make DC Listen			Date of Public Distribution/Dissemination 07 / 11 / 2015		
Mailing Address 824 S Milledge Ave Ste 101			Amount 120.00		
City Athens State GA Zip Code 30605		Transaction ID : E446CB632B06C4BCC89C			
Purpose of Expenditure Donation Processing		Category/Type 		Date of Disbursement or Obligation 07 / 11 / 2015	
Name of Federal Candidate Ted Cruz			<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose Office Sought: <input type="checkbox"/> House <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate District: 00 State:		
Calendar Year-To-Date Per Election for Office Sought 65689.96			Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶		
(a) SUBTOTAL of Itemized Independent Expenditures..... ▶			155.00		
(b) SUBTOTAL of Unitemized Independent Expenditures ▶					
(c) TOTAL Independent Expenditures..... ▶					
Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.					
Signature <i>Paul Kilgore</i>			Date 08 / 21 / 2015 <i>[Electronically Filed]</i>		

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Form/Schedule: F24N
Transaction ID :

The independent expenditures listed in this 48 Hour Notice Filing were all for expenditures of communications and items that were disseminated nationally and equally distributed among the states.

Form/Schedule:
Transaction ID:

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NAME OF COMMITTEE (In Full) Make DC Listen		FEC IDENTIFICATION NUMBER ▼ C C00570739	
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Make DC Listen		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 18 / 2015	
Mailing Address 824 S Milledge Ave Ste 101		Amount 28.00	
City Athens	State GA	Zip Code 30605	Transaction ID : EDBBA2C9573B840AB862 Date of Disbursement or Obligation MM / DD / YYYY 07 / 18 / 2015
Purpose of Expenditure Donation Processing		Category/ Type	
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		65717.96	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Make DC Listen		Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 25 / 2015	
Mailing Address 824 S Milledge Ave Ste 101		Amount 192.25	
City Athens	State GA	Zip Code 30605	Transaction ID : EDE40B752317A4D739C7 Date of Disbursement or Obligation MM / DD / YYYY 07 / 25 / 2015
Purpose of Expenditure Donation Processing		Category/ Type	
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: <u>00</u> <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		65910.21	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	220.25
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Paul Kilgore

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Date

MM / DD / YYYY
08 / 21 / 2015

Signature

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NAME OF COMMITTEE (In Full) Make DC Listen	FEC IDENTIFICATION NUMBER ▼ C C00570739
Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report <input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Make DC Listen			Date of Public Distribution/Dissemination MM / DD / YYYY 07 / 31 / 2015	
Mailing Address 824 S Milledge Ave Ste 101			Amount 444.70	
City Athens	State GA	Zip Code 30605	Transaction ID : E6864B6B20BAF4FA5BE4	
Purpose of Expenditure Donation Processing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 07 / 31 / 2015	
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought		66354.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

Full Name of Payee Mustard Seed Media, LLC			Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 05 / 2015	
Mailing Address 107 S West St, #809			Amount 1077.00	
City Alexandria	State VA	Zip Code 22314-2824	Transaction ID : E5E49B175A3CE4FC9AF2	
Purpose of Expenditure Email Marketing		Category/ Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 11 / 2015	
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State:	
Calendar Year-To-Date Per Election for Office Sought		67431.91	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	1521.70
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Make DC Listen		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 08 / 2015	
Mailing Address 824 S Milledge Ave Ste 101		Amount 342.70	
City Athens	State GA	Zip Code 30605	Transaction ID : E85606639987E406DB2C
Purpose of Expenditure Donation Processing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 08 / 2015
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		67774.61	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Thomas Graphics, Inc.		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 12 / 2015	
Mailing Address PO Box 142226		Amount 913.57	
City Austin	State TX	Zip Code 78714-2226	Transaction ID : E604228ECB54241F18F0
Purpose of Expenditure Bumper Sticker Printing		Category/Type	Date of Disbursement or Obligation MM / DD / YYYY 08 / 18 / 2015
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		68688.18	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	1256.27
(b) SUBTOTAL of Unitemized Independent Expenditures▶	
(c) TOTAL Independent Expenditures.....▶	

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Check if <input type="checkbox"/> 24-hour report <input checked="" type="checkbox"/> 48-hour report		<input checked="" type="checkbox"/> New report <input type="checkbox"/> Amends report filed on	

Full Name of Payee Make DC Listen		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 15 / 2015	
Mailing Address 824 S Milledge Ave Ste 101		Amount 560.95	
City Athens	State GA	Zip Code 30605	Transaction ID : E3315E491EBA9414ABEA Date of Disbursement or Obligation MM / DD / YYYY 08 / 15 / 2015
Purpose of Expenditure Donation Processing		Category/Type	
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		69249.13	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

Full Name of Payee Alliance Strategy Group		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 17 / 2015	
Mailing Address 7700 Congress Ave, Ste 3208		Amount 3772.13	
City Boca Raton	State FL	Zip Code 33487-1358	Transaction ID : ECED094B7D33047939FE Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure Email Marketing		Category/Type	
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		73021.26	Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____

(a) SUBTOTAL of Itemized Independent Expenditures.....▶	4333.08
(b) SUBTOTAL of Unitemized Independent Expenditures.....▶	
(c) TOTAL Independent Expenditures.....▶	

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Full Name of Payee Envision Marketing		Date of Public Distribution/Dissemination MM / DD / YYYY 08 / 19 / 2015	
Mailing Address 148 Graves Mill Rd		Amount 28213.34	
City Lynchburg	State VA	Zip Code 24502-4202	Transaction ID : ED2E1F51156D8445AA6F Date of Disbursement or Obligation MM / DD / YYYY 08 / 21 / 2015
Purpose of Expenditure Direct Mail Printing & Postage		Category/Type	
Name of Federal Candidate Ted Cruz		<input checked="" type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: 00 <input checked="" type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought 101234.60		Disbursement For: <input checked="" type="checkbox"/> Primary <input type="checkbox"/> General 2016 <input type="checkbox"/> Other (specify) ▶ _____	

Full Name of Payee		Date of Public Distribution/Dissemination MM / DD / YYYY	
Mailing Address		Amount	
City	State	Zip Code	Date of Disbursement or Obligation MM / DD / YYYY
Purpose of Expenditure		Category/Type	
Name of Federal Candidate		<input type="checkbox"/> Support <input type="checkbox"/> Oppose	Office Sought: <input type="checkbox"/> House District: _____ <input type="checkbox"/> President <input type="checkbox"/> Senate State: _____
Calendar Year-To-Date Per Election for Office Sought		Disbursement For: <input type="checkbox"/> Primary <input type="checkbox"/> General <input type="checkbox"/> Other (specify) ▶ _____	

(a) SUBTOTAL of Itemized Independent Expenditures..... ▶	28213.34
(b) SUBTOTAL of Unitemized Independent Expenditures ▶	
(c) TOTAL Independent Expenditures..... ▶	35699.64

Under penalty of perjury I certify that the independent expenditures reported herein were not made in cooperation, consultation, or concert with, or at the request or suggestion of, any candidate or authorized committee or agent of either, or (if the reporting entity is not a political party committee) any political party committee or its agent.

*Paul Kilgore**[Electronically Filed]*

Date

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08 / 21 / 2015

Signature